PTO/SB/01 (03-01)
Approved for use through 10/31/2002. OM: 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

1	<b>DECLARATION FOR UTILITY OR</b>	Attorn y Doc	ket Number	DB000972-000				
I	DESIGN	First Nam d	inv ntor	Spano, et al.				
j	PATENT APPLICATION		COMPLETE IF KNOWN					
ļ	(37 CFR 1.63)	Application N	umber					
ı	Declaration Declaration	Filing Date						
I	Submitted OR Submitted after Initial Filing (surcharge	al Group Art Uni	t		<del></del>			
1	Filing (37 CFR 1.16 (e))	F						
_	required)	Examiner Nar	ne		/			
ı	As a below named inventor, I hereby declare that:							
l	My residence, mailing address, and citizenship are as stated below next to my name.							
I	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
	METHOD OF OPERATING A DISPENSING CABINET							
l								
l				•				
l								
I	}			,				
l								
l	(1 itle of the the specification of which	e Invention)						
ı	is attached hereto							
ı	OR							
l	was filed on (MM/DD/YYYY) as United States Application Number or PCT International							
ĺ								
l	Application Number and was an	nended on (MM/DD/Y)	m	(if appli	cable).			
	(ii applicable).							
	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
ŀ	l acknowledge the duty to disclose information which is material to natoriability on defend in 27 or 54.50 in the							
	in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
	I hereby claim foreign priority benefits under 35 LLS C 119(a) (d) or (9 or 255(b) of any family at the control of the control							
١.	than the United States of America, listed below and have also identified below by the designated at least one country other							
H	patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the							
L	Prior Foreign Application Number(s) Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attact YES NO	red?			
		•			1			
!								
		•						
[	Additional foreign application numbers are listed on a su	upplemental priority da	ta sheet PTO/SI	B/02B attached hereto:				

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

3/01 (03-01) 0651-0032 OMMERCE

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: Customer Nur or Bar Code L		OR [	Соrrespondence address b∈ low					
Name								
Address								
City		State	ZIP					
Country	Telephone		Fax					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR:								
Given Name Philip H. (first and middle [if any])	Family Name S							
Inventor's Physical No. 19	1.		Date /2/6/200/					
Residence: City  McKees Rocks	PA State	Country						
69 Norfolk Drive Mailing Address								
City McKees Rocks	State PA	1513 ZIP	36 US					
NAME OF SECOND INVENTOR:	A petition har	s been filed for this	s unsigned inventor					
Given Name Robert B. Family Name Meek, Jr. or Surname								
Inventor's Zabrull.			12-6-01 Date					
Pittsburgh Residence: City	PA State	US	US Citizenship					
Mailing Address 402 Sunset Road								
City	PA State	15237 ZIP	US Country					
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								

The state of the s